

# **Medical Monitoring Project**

*Massachusetts Department of Public Health  
Bureau of Communicable Diseases  
HIV/AIDS Surveillance Program*

# Introduction to HIV/AIDS Surveillance Activities

- HIV/AIDS case surveillance in all states to collect a core set of information on persons with HIV and AIDS
- Supplemental surveillance projects implemented to collect data on:
  - Clinical outcomes
  - Behaviors
  - Access to care

## **Medical Monitoring Project (MMP) is a supplemental HIV/AIDS surveillance project:**

- Matched interview and medical record abstraction
- 26 sites; 13 sites in 2005
- Annual multi-stage probability sample of adults in care for HIV in the US
- Locally and nationally representative samples of HIV infected adults in care
  - Behaviors
  - Clinical outcomes
  - Type and quality of care received
  - Identify met and unmet needs for HIV care and prevention services

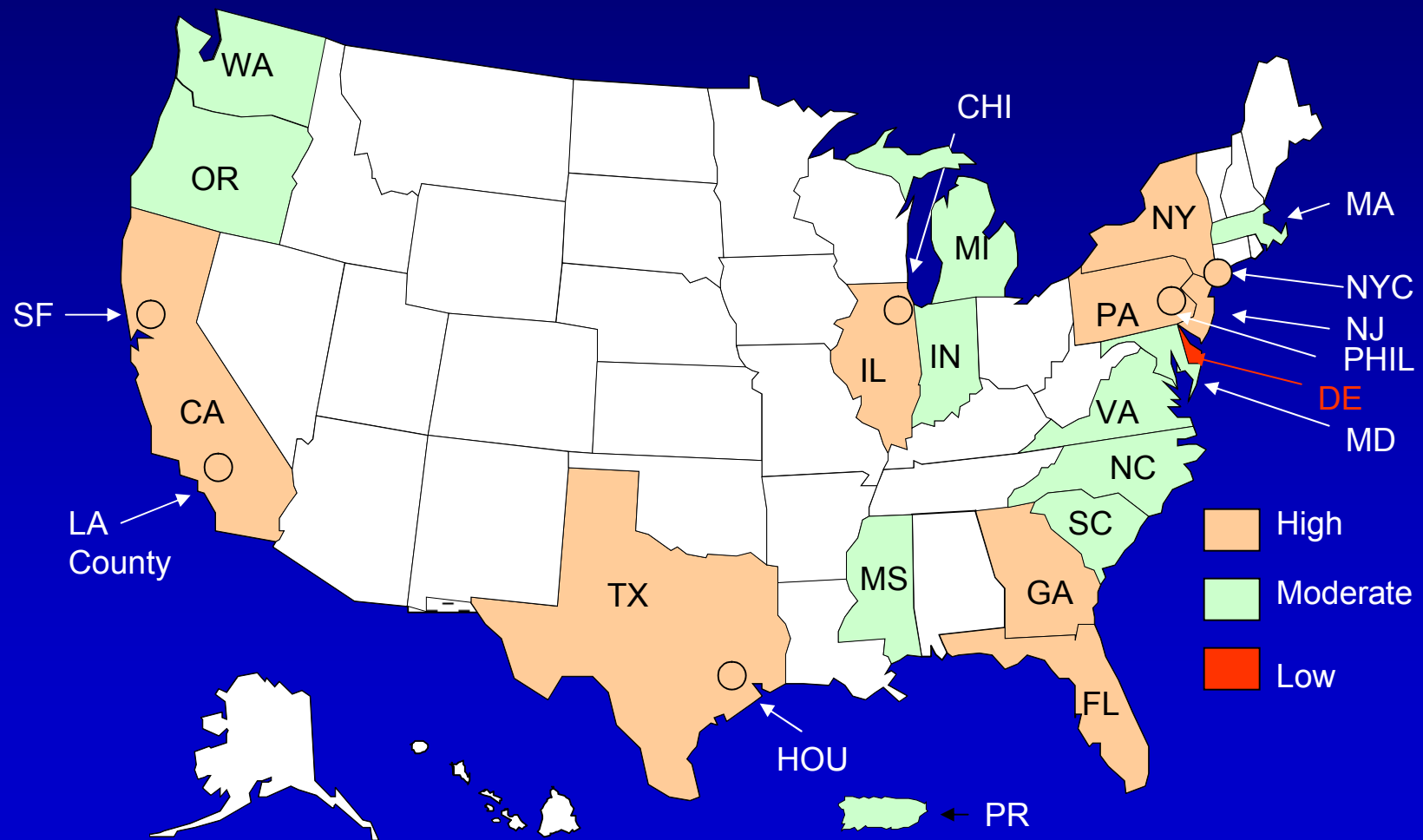
## Goals of the Medical Monitoring Project (MMP)

- Improve representativeness
- Increase the number of project areas to include as many as possible
- Increase relevance of data for use at the local level
- Ability to have interview and medical record review data on same people

## **MMP – 1<sup>st</sup> stage**

- Sites eligible
  - 50 states + District of Columbia + Puerto Rico
- Sites selected
  - Probability Proportional to Size (PPS)
    - Based on prevalent AIDS cases within each area as of December 2002

# 26 MMP Project Sites Selected including Massachusetts



## MMP – 2<sup>nd</sup> stage

- Providers eligible
  - Health departments will identify all providers of HIV care
    - ART or CD4 or HIV viral load
    - HIV/AIDS Reporting System, Lab Reporting, ADAP, other sources
- Providers selected
  - Probability Proportional to Size (PPS)
  - Will include large, medium and small facilities/clinics/practices
  - Approximately 40-60 providers selected per site
  - Public/private; HRSA/non HRSA

## **MMP – 3<sup>rd</sup> stage**

- Patients eligible
  - Selected providers will identify all eligible patients
    - $\geq 18$  years old, HIV+, received HIV care during a specified period
- Patients selected
  - Randomly sampled within each facility
  - Approximately 400 patients selected per site ( $>5,000$  in 2005;  $>10,000$  in 2006)



## **2005 MMP Activities: Data Collection Sites**

### **Interview/Abstraction**

- Los Angeles, CA
- Michigan
- New Jersey
- Texas
- Houston, TX
- Washington

### **Interview Only**

- Delaware
- Florida
- Illinois
- Maryland
- Philadelphia, PA
- South Carolina

### **Abstraction Only**

- New York City, NY

## 2005 MMP Activities: Start-Up Sites

- California
- San Francisco, CA
- Chicago, IL
- Georgia
- Indiana
- Massachusetts
- Mississippi
- New York
- North Carolina
- Oregon
- Pennsylvania
- Puerto Rico
- Virginia

# Questions MMP Data May Answer

## Access to Care

- What proportion of PLWH use multiple sources of care?
- What are the met/unmet needs for medical services?
- What are the barriers to accessing care?

## Treatment

- What proportion of PLWH are receiving treatment and care according to the USPHS guidelines?
- Of those eligible for ART, what proportion are prescribed ART?
- What factors are associated with non-adherence to ART?

# Summary

- Massachusetts will begin data collection in 2006
- Through interviews and medical record abstraction, this project will provide population-based estimates of behaviors, the quality of care received, and clinical outcomes of HIV-infected persons receiving care in the U.S.

# Collaborators

- Centers for Disease Control and Prevention (CDC)
- State and Local Health Departments
- National Institutes of Health (NIH)
- Health Resources and Services Administration (HRSA)
- RAND Corporation